

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101596540

FILING DATE

6-15-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6		1				
7		1				
8		1				
9						
10		1				
11						
12						
13		1				
14						
15		1				
16		1				
17		1				
18						
19						
20		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	20	1	1	1	1	1
TOTAL	21	1	1	1	1	1

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL			1		1	